



Loan Offset

For Account Reduction Loans

State of Tennessee 401(k) Plan

98986-02

Participant Information

Last Name	First Name	MI	Social Security Number
Address - Number & Street			E-Mail Address
City	State	Zip Code	Mo Day Year Date of Birth
() Home Phone	() Work Phone	Loan Number(s)	

Loan Offset Reason - Check reason for offset

☐ Severance of employment on: (Mo/Day/Year) ☐ Disability ☐ Death ☐ Age 59 1/2

Required Signatures

This loan offset must be for the entire outstanding loan balance. In the event that any section of this form is incomplete or inaccurate, you may be required to complete a new form or provide additional or proper information before the loan offset can be processed. Please initial any changes you make on this form. Any subsequent payments received on the loan number(s) indicated on this Loan Offset form will be refunded to you. An IRS Form 1099-R will be issued for the year in which the Loan Offset form was received.

My signature acknowledges that I have read the entire Loan Offset form, that I understand its contents, agree to its provisions, and affirms that all information that I have provided is true and correct.

I understand that if I have selected disability as my loan offset reason, I must complete and attach a Certification of Disability Request.

Participant/Beneficiary Signature

Date

Authorized Great-West Retirement Services® Signature

Date

Participant forward to:
Great-West Retirement Services®
545 Mainstream Drive, Suite 407
Nashville, TN 37228
Phone #: 1-800-922-7772
Web site: www.treasury.state.tn.us/dc

